

REMARKS

OVERVIEW

Claims 84-89, 92-100, 102-103, and 105-111 are pending in this application. Claims 84, 92, 97 and 98 have been amended. Claims 105-111 are new. The present response is an earnest effort to place all claims in proper form for immediate allowance. Reconsideration and passage to issuance is therefore respectfully requested.

INTERVIEW SUMMARY

The Applicant, Dr. Boesen, and the undersigned attorney gratefully acknowledge the courtesy extended during the telephonic interview of June 6, 2006. The undersigned attorney, Dr. Boesen, Natalie Pass, and Joe Thomas, were present. No agreement as to allowability was reached. The Waters and Dorne references were discussed in detail with respect to claim 84. It was discussed that additional claim limitations would help to distinguish Waters and Dorne, including limitations that made clear that the diagnosis codes and procedure codes represent actual diagnoses or procedures performed on a patient.

ISSUES UNDER 35 U.S.C. 103

Claims 84, 88-89, 94-100, and 102-103 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,393,404 to Waters et al., in view of U.S. Patent No. 5,325,293 to Dorne. These rejections are respectfully traversed.

Claim 84 has been amended in several ways. First, claim 84 has been amended to replace "associated with" --representing-- in two places. This amendment should make clear Applicant's

intention that the patient procedure codes represent procedures performed on the patient during the patient encounter and that the diagnoses codes represent diagnoses corresponding or applicable to the procedure performed on the patient during the patient encounter.

Second, claim 84 has been amended to make clear one of the significant advantages of the present invention, namely documenting the patient encounter. Claim 84 now positively recites "documenting the patient encounter."

Third, claim 84 has been amended to recite "providing a user interface adapted for ranking the diagnosis codes associated with the patient procedure code in a user defined rank order."

Waters allows you to pick the diagnosis codes first, but you pick all of them. Then you separately pick the procedure codes. Waters does not disclose that for each procedure, diagnosis codes are separately selected or ranked. Thus, Waters does not describe "providing a user interface adapted for ranking the at least one diagnosis code linked with the patient procedure code in a care provider defined rank order".

Dorne discloses at col. 16, line 19 that for a given procedure code, a list of diagnosis codes most likely associated with the procedure are given. Dorne also discloses ordering of procedure codes for billing purposes. Dorne does not, however, disclose "providing a user interface adapted for ranking the at least one diagnosis code linked with the patient procedure code in a user defined rank order".

Therefore, this rejection to claim 84 should be withdrawn. As claims 88-89, 94-97 depend from claim 84, these rejections should also be withdrawn.

With respect to claim 98, claim 98 now requires "the patient procedure code representing a patient procedure performed on a patient during patient encounter". Also claim 98 has been

amended to require "each of the at least one diagnosis code representing a diagnosis supporting a decision to perform the procedure on the patient during the patient encounter". In addition, claim 98 has been amended to positively recite the documenting step.

It is submitted that claim 98 is distinguishable over Dorne and Waters. Neither Dorne nor Waters disclose "documenting the linking of the selection of the patient procedure code and the selection of the at least one diagnosis code to provide for maintaining a user defined rank ordered relationship". Therefore this rejection should also be withdrawn. As claims 99, 100, 102, 103 depend from claim 98, these rejections should also be withdrawn.

Claim 92 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Guadagnino, Christopher, "Documentation and coding tools" (hereinafter Guadagnino) for substantially the same reasons given in the previous Office Action and further in view of U.S. Patent No. 5,235,293 to Dorne. This rejection is respectfully traversed. Claim 92 has been amended to require "linking the at least one diagnosis code in a user defined rank order to the patient procedure code such that a defined relationship between the patient procedure code and the at least one diagnosis code is maintained to thereby provide a record of a patient encounter." In addition, claim 92 has been amended to require "each of the at least one diagnosis code representing one of at least one diagnosis performed applicable to a patient procedure code representing a procedure on a patient during a patient encounter".

In addition, claim 92 has been amended to require "the patient procedure code representing the patient procedure performed on the patient during the patient encounter". Claim 92 has also been amended to recite that the at least one diagnosis code are linked in "a user defined rank order". Finally, claim 92 has been amended to positively recite the step of "documenting the record of the patient encounter".

Dorne and Waters have already been distinguished. Guadagnino appears to only be cited for its disclosure of "linking" a procedure code to a diagnosis code. However, Guadagnino does not provide sufficient context to understand what is meant. Therefore, this rejection to claim 92 should also be withdrawn.

Claim 93 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Guadagnino, Christopher "Documentation and coding tool", U.S. Patent No. 5,325,293 to Dorne, and further in view of Lavin. Given the amendment to claim 92 previously discussed and the Examiner's misplaced reliance on Dorne, this rejection should also be withdrawn. It is further observed that at column 13, Lavin discloses selecting the diagnosis and then selecting the procedures, but does not disclose doing so separately for each procedure.

New claims 105 to 107 are directed to the same methodology previously discussed, but describe this methodology in a manner more closely tied to the user interface. Support for this amendment is based at least on FIG. 12, FIG. 13 showing one example of a user interface and the description of these figures. It is believed that these claims further distinguish references where procedures or diagnosis codes are manipulated internally but not by a user through use of a user interface. Claims 108 to 111 are dependent claims which make clear that the patient procedure code can be a CPT code, including an evaluation and management CPT code. Support for these claims being clear at least from FIG. 12, describing the procedures as "E/M" and from the original specification, p. 21, describing the procedure codes as being from the American Medical Association's CPT.

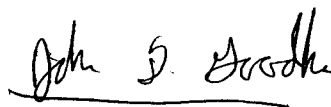
CONCLUSIONS

This amendment accompanies the filing of a Request for Continued Examination (RCE). No other fees or extensions of time are believed to be due in connection with this amendment; however, consider this a request for any extension inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.

In the event that the Examiner does not find all claims in proper form for immediate allowance, the Examiner is invited and encouraged to contact the undersigned attorney or Jeffrey D. Harty at the same telephone number to arrange for a telephonic or in person interview to assist in advancing prosecution of the case.

Reconsideration and allowance is respectfully requested.

Respectfully submitted,



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